# REPRODUCTIVE LIFE PLAN

## I. INTRODUCTION

A reproductive life plan is a set of personal goals about having or not having children and on the desired spacing between children. It also states how to achieve those goals. All clients need to make a reproductive life plan based on their own values, goals, and resources. Clients need to think about when and under what conditions they want to become pregnant. If they do not plan to have children, they need to think about how they will prevent pregnancy.

A reproductive life plan allows for planning for number and spacing of pregnancies and also for preconception counseling. Preconception counseling offers women an ideal time to plan their pregnancies and establish good health habits. Certain congenital anomalies and complications of pregnancy may be prevented if intervention occurs prior to conception. Fetal organogenesis occurs between 17-56 days after fertilization before many women have their first prenatal appointment or even realize they are pregnant. Promoting positive health behaviors and eliminating medical risks are most effective when initiated well before a woman becomes pregnant.

Since approximately 50% of all pregnancies are unintended, targeting only self-referred women who are planning their next conception will result in a significant number of missed opportunities for primary prevention. Counseling women of childbearing age allows for an identification of women with risk factors. As an example, we can educate women to avoid any teratogenic medications, get immunized to rubella, and take folic acid supplements to decrease their risk of neural tube defects. The active planning of pregnancy will maximize the benefits of appropriate interventions and adherence to good health habits to help insure a reduction of maternal and perinatal morbidity and mortality.

## II. CLIENT SELECTION

A. Indications:
   1. All females of childbearing age should be offered reproductive life planning/preconception education.
   2. All female clients of childbearing age should be assessed annually, targeting important issues in their personal and family history and educated on ways to obtain the best health possible to have a positive pregnancy outcome when they choose to become pregnant and to minimize modifiable risk factors. Planning a pregnancy affords the woman and her baby the healthiest and best start.
   3. Those women who want to avoid or postpone pregnancy should receive appropriate counseling on contraceptive methods available and contraception initiation should be conducted as appropriate. Reproductive life plan/preconception care should be provided regardless of present desire to achieve pregnancy.

B. Special emphasis related to preconception care should be provided when clients:
   1. Desire a pregnancy
   2. Have increased risks of pregnancy
   3. Are sexually active and:
      a. Use no birth control
      b. Use spermicidal agents only
      c. Use any birth control method inconsistently
   4. Have previously experienced infant death, preterm delivery, and/or perinatal complications

## III. MANAGEMENT OF WOMEN WITH SPECIAL CONDITIONS REQUIRING FURTHER EVALUATION

Referrals as indicated after reviewing history

## IV. MEDICAL SCREENING AND EVALUATION

A. Discuss client's plan for pregnancy as indicated depending on the type of visit: initial, annual, pregnancy testing or medical revisit.
B. At clinic exam visits staff should:
   1. Review client's reproductive history: previous experiences with pregnancy, fertility, birth, and use of birth control
   2. Assess lifestyle, medical history and personal behaviors:
      a. Activities of daily living: hours of sleep, physical activity
      b. Medication use: prescription and over the counter
      c. Tobacco use
      d. Substance use: alcohol, drugs
      e. Psychological concerns: depression, stress
      f. Chronic health conditions: asthma, diabetes, heart, hypertension
      g. Nutrition and diet issues: caloric intake, vitamin use, folic acid intake, anemia, eating disorders, obesity
      h. Genetic disorders
      i. Immunization status
      j. Environmental exposures: solvents, radiation, lead, mercury, radon, nitrates at work or home
      k. Family/partner involvement: social support
      l. Intimate partner violence: domestic concerns
      m. Health maintenance needs: screening tests as indicated
         i. Pap smear
         ii. Sexually transmitted disease
         iii. Urinalysis, blood tests
      n. Perform a physical exam; including a pelvic exam and a blood pressure check.
      o. Based on the client's health and current presentation, suggest a course of action

## V. CLIENT EDUCATION/COUNSELING

A. Education should be provided on how to maintain and/or change lifestyle to promote a healthy reproductive life plan and positive pregnancy outcome in the future.

B. Education should be provided using a combination of written materials and/or verbal interaction related to health risks. Health promotion/disease prevention discussion topics may include:

1. Smoking, Tobacco cessation:
   Maryland's Quit Line 1-800-784-8664
   http://www.smokingstopshere.com/
2. Alcohol, Drug Use avoidance:
   http://www.marylandaa.org/
3. Nutritional intake recommendations:
   www.mypyramid.gov
4. Folic Acid intake recommendations:
   www.cdc.gov/ncbddd/folicacid/index.html
5. Ideal Body Weight recommendations:
   www.cdc.gov/healthyweight/assessing/index.html
6. Exercise recommendations:
   www.cdc.gov/physicalactivity
7. STI/HIV prevention:
   www.cdc.gov/std/treatment/2010
8. Genetic counseling:
   http://www.nsgc.org/tabid/69/Default.aspx
9. Vaccination recommendations:
   www.cdc.gov/vaccines
10. Gynecological exam recommendations:
    ACOG Committee Opinion #483, "Primary and Preventive Care: Periodic Assessments," in the April 2011 issue of *Obstetrics & Gynecology*.
11. Self-breast awareness recommendations:
    www.cancer.org
12. Birth control options available:
    http://www.womenshealth.gov/publications/our-publications/fact-sheet/birth-control-methods.cfm
13. Early prenatal care and education (stress importance of)
14. Domestic violence prevention:
    www.endabuse.org/health
15. Additional preconception informational web sites:
    a. http://www.arhp.org/publications-and-resources/clinical-fact-sheets/folate
    b. http://www.ghi.com/pdf/reproductive_life_plan_2008-02.pdf
    c. http://www.cdc.gov/ncbddd/preconception/QandA.html

## VI. MANAGEMENT

A. Assess the client's need for referrals
B. Assess the client's need for contraceptive initiation/modification – use QuickStart protocols if applicable to initiate/modify contraceptive method. If same-day initiation/modification not possible, make plan for this to take place.
B. Encourage the client to examine potential risks and make positive lifestyle changes
C. Encourage early prenatal care when pregnancy occurs

## VII. FOLLOW-UP

A. Follow-up on any referrals made
B. Review client's Reproductive Life Plan on return visits.

## VII. DOCUMENTATION

Reproductive Life Plan and Pre-conception counseling/education should be documented in the medical record.

## REFERENCES


1. CDC. https://www.cdc.gov/preconception/documents/rlphealthproviders.pdf

2. U.S. Department of Health and Human Services, Office of Women's Health Health http://www.womenshealth.gov/pregnancy/before-you-get-pregnant/preconception-health.cfmA

2. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention http://www.cdc.gov/ncbddd/preconception/QandA.htm